

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34559

State File No. \_\_\_\_\_

FILED OCT 21 1952

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>447</u>		Registrar's No. <u>20-1952</u>	
1. PLACE OF DEATH a. COUNTY <u>Crawford</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Cuba</u> c. LENGTH OF STAY (in this place) <u>40 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Cuba</u> d. STREET ADDRESS (If rural, give location) <u>0280</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>THERESA</u> c. (Last) <u>BELDEN</u>		4. DATE OF DEATH (Month) <u>Oct.</u> (Day) <u>3,</u> (Year) <u>1952.</u>					
5. SEX <u>female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Feb. 13, 1886</u>	
9. AGE (In years last birthday) <u>66</u>		10. MONTHS <u>7</u>		11. DAYS <u>20</u>		12. IF UNDER 1 YEAR Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Josephville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Godfrey Heppermann</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Thornhill</u>		14. NAME OF HUSBAND OR WIFE <u>Charles B. Belden</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Chas. B. Belden</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 years.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>March 12</u> , 19 <u>50</u> , to <u>Oct. 3</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10-3</u> , 19 <u>52</u> , and that death occurred at <u>12:05 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph T. De Leo</u>		(Degree or title) _____		23b. ADDRESS <u>Cuba, Mo.</u>		23c. DATE SIGNED <u>Oct. 6. 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10/6/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Holy Cross Cemetery</u>		24d. LOCATION (City, town, or county) <u>Cuba, Missouri.</u> (State) _____	
DATE REC'D BY LOCAL REG. <u>10/6/1952</u>		REGISTRAR'S SIGNATURE <u>Paul A. Shanks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas J. Haddox</u>		ADDRESS <u>Steelville, Mo.</u>	

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### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Licensed Embalmer No. 3749

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.